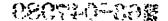
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

N Dep	NS ART					ION OF HEALTH - STANDARD CERTIFICATE OF DEATH	89
DO NOT WRITE ON THIS STUB		AN	ENDED			gistration District No. 149 Primary Registration District No. 1002 Registrar's No. 6550 STATE FILE NO.	MBEK
vs 300		ا د	1.1	1		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions a. STATE SOUNTY Jackson a. STATE SOUNTY Henry	Residence before admission)
Rev. 4/59	030,4344	ğ	1		_	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b // c. CITY	Inside Limits
		Į				TOWNKansas City 30 days Town Clinton	Yes No
! 		5	1 1			c. FULL NAME OF (If NOT in hospital, give location) (Inside Limits d. STREET (If cutside, give location) HOSPITAL OR	Reside on Farm
2 0420	_	N N			_	INSTITUTION General Hospital Med. Ct. Yes No ADDRESS R. R. # 5	Yes No
3	_	T	$\top \top$	7 1	3.	NAME OF DECEASED First Middle Last 4, DATE Month Day (Type or print) OF	Year
4 0		j			l	Isaac Ashford Epperson DEATH November 29,	1963
- <i>()</i>					5.	SEX 6. COLOR OR RACE 7. Married Divorced Divorced 3. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEAF Male White Widowed To Divorced 3.33 80 Months Days	Hours Min.
5 2	-	ı			104		WHAT COUNTRY
6	≨l					farmer Henry Co., Mo. U.S.A.	
70	910				134	FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
<u>. // </u>	윤					John F. Epperson Sara E. Mac Namee Viola Epperson	
" () 	₹		1		15. (Ye	was deceased ever in u.s. armed forces? 16. Social security No. 17. Informant Address Clints, no, or unknown) (If yes, give wer or dates of Mrs. Robert Chance R. R. # 5	on, Mo.
<u>%/99.2</u>	岁			<u>_</u>	_	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	ITERVAL BETWEEN
10	۵.			ĮĘ.		PART I. DEATH WAS CAUSED BY: MANEDIATE CAUSE (a) pneumonia, bilateral aspiration	NSET AND DEATH
11	္ကို ဂို			DOCUMENT			
12 471 _ 1)	کے ایک	3		8		Conditions, if any] DUE TO (b) post operative carcinoma of either primary spinal	<u>cord</u>
13	THIS REC	2		╛╽	1	which gave rise to above cause (e), stating the under-	
_t	S		11		-	lying cause last. DUE TO (c)	was female was
· · · · · · · · · · · · · · · · · · ·	- 1				CERTIFICATION	disease condition given in PARI I (a)	incy in last 90 days.
	<u> </u>				2	19 WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART I	
	AMENDMENTS		}		ER	19. WAS AUTOPSY 206. ACCIDENT SUICIDE HOMICIDE PREFORMED? YES NO	•
C INK RIBBON	핅				₹	20c. TIME OF Hour Month, Day, Year	
	₹	1	1 }		VED (INJURY a.m. p.m.	
BLACK INK OR RITER RIBBC	- 1				*	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.)	STATE
¥~~	ا			'		NOT WHILE AT WORK	
₹6		5			oj.	21. I attended the deceased from 10-28-63 , to 11-29 -63 and last saw her him alive on 11-29-63	
m ≥	9	SHOULD READ			ΞΙ	Death occorred atm on the date stated above, and to the best of my knowledge, from the	22c. DATE SIGNED
USE BLACK OR TYPEWRITER				P	코	22a. SIGNATULE (Degree of title) 22b. ADDRESS 2400 Cherry	1-29-63
_	į	ה <u>ל</u>		_ <u>_</u>	춫		(State)
İ		į		AFFIDAVIT	1 23 C		
		<u>د</u> ا			_24	FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 20. RESTRONG STORY	·-+Y.
		¥ ['n	မျှောင်	ickman-Dunning F. H. Clinton, Mo. 12-4-63 Clessel for	<u> </u>
'	•	,		•		(Licensed Embalmer's Statement on Reverse Side)	



STATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No		
working under my po	ersonal supervision.	• ;			
Student		Signed	<u> </u>		
Si	gnature of Student Embalmer		•		
	•	,	Licensed Embalmer No		
,			P. O. Address		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.